PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10659784

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			40		7 100		r	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			90 minus 20=		*10		Ī	X\$ 9=	90	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		*2		ľ	X42=	86	OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				ŀ	+140=	1-1-	OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL	Cla	OR	TOTAL	
CLAIMS AS AMENDED - PART II									347	1011	OTHER	THAN
_	No landamenta de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composic	(Column 1)	The supplemental face and	(Colur		(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	7.1	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	CLAIM			X42=		OR	X84=	
		arrandi (arrandi)	OCT II EE DET	LIADEIAI	ODAIIVI			+140=		OR	+280=	
							_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)				,	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=		OR	X84=	
<u></u>	- WOTT TREE	NATION OF MI	- DETIFIED DEF	ENDENT	CLAIVI			+140=		OR	+280=	
							ΑI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	Annual Control of the	(Column 1)		(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		H			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												